

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

U.S. Chamber of Commerce(b) Address (number and street)  check if different than previously reported1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number**C30001101**3. Is This Statement** New

or

 Amended**4. Covering Period**10/28/2009

through

10/29/20085. (a) Date of Public Distribution(s) 10/28/2008 (b) Communication Title Healthy Kentucky6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e)  Other, specify: \_\_\_\_\_7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No **8. Custodian of Records**

(a) Name

Rob Engstrom

(b) Address (number and street)

1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce      Vice President**9. Total Donations This Statement**0.00**10. Total Disbursements/Obligations This Statement**300,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE

10/29/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437c.